



STATE OF MARYLAND

DMMH

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March 13, 2009

Public Health & Emergency Preparedness Bulletin: # 2009:09
Reporting for the week ending 03/07/09 (MMWR Week #09)

CURRENT HOMELAND SECURITY THREAT LEVELS

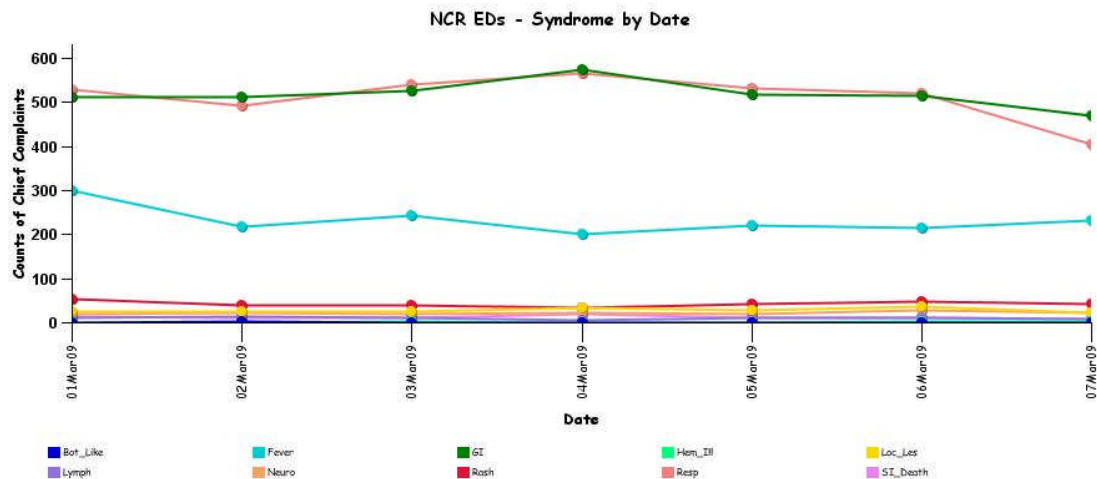
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

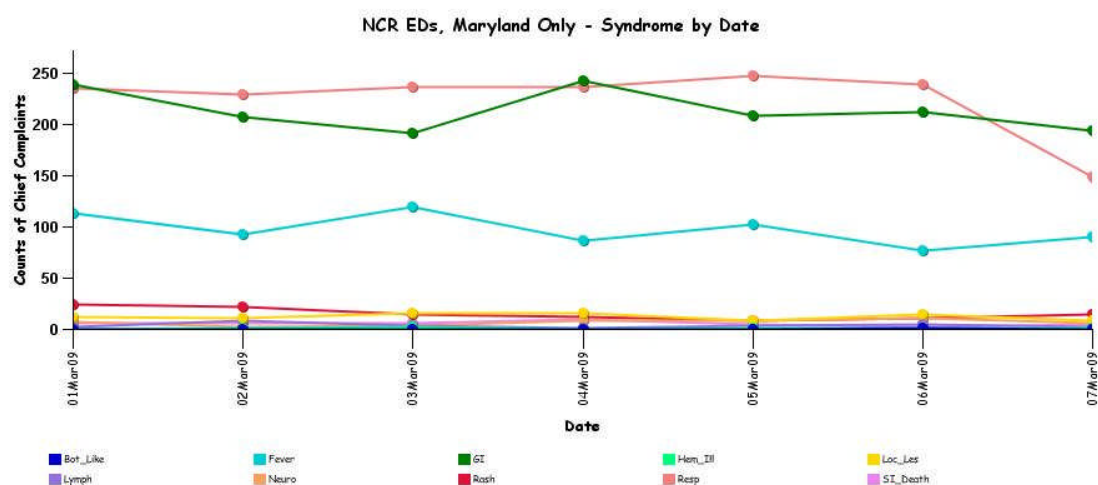
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

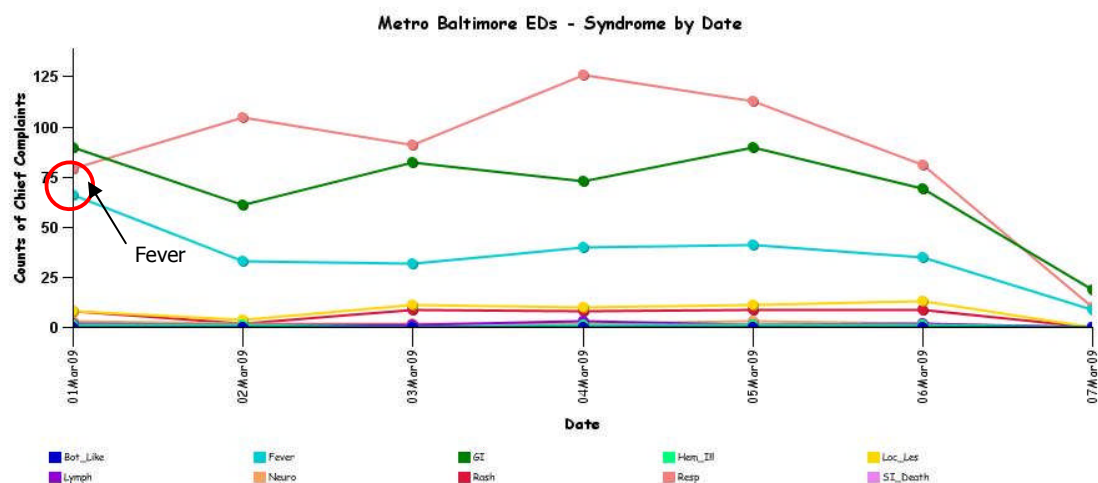
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

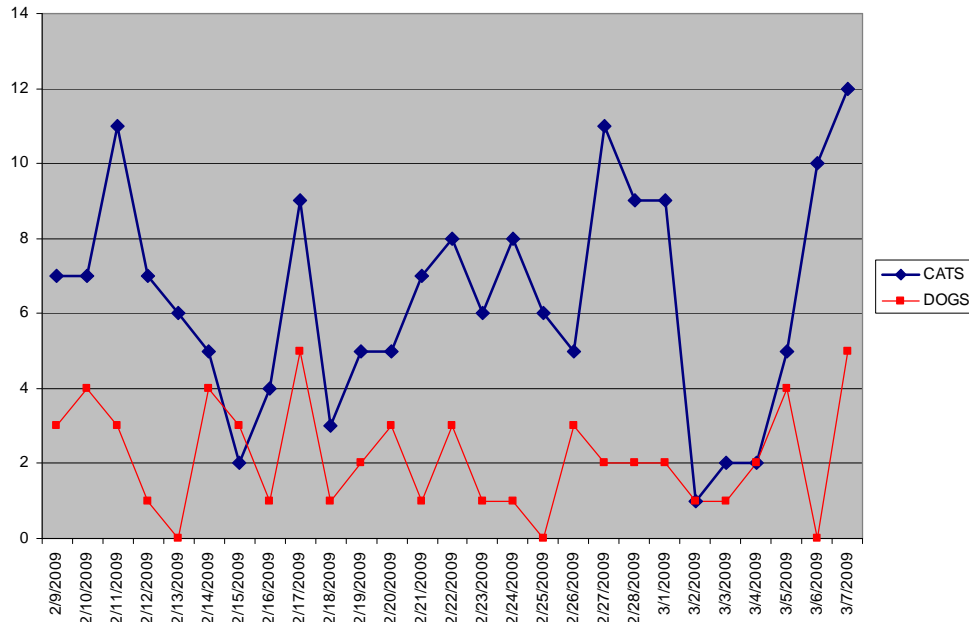


* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

****Not all data for Metro Baltimore hospitals was available on March 7 due to technical issues****

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

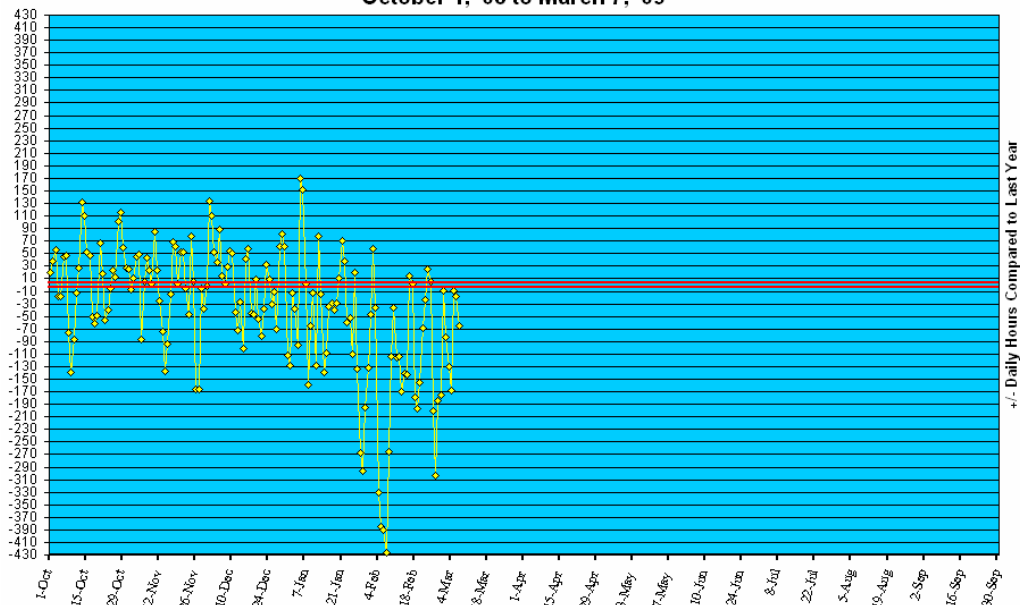
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to March 7, '09**



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (Mar 01 to Mar 07, 2009):	10	0
Prior week (Feb 22 to Feb 28, 2009):	10	0
Week#9, 2008 (Feb 24 to Mar 01, 2008):	16	0

OUTBREAKS: 5 outbreaks were reported to DHMH during MMWR Week 9 (March 1- 7, 2009):

4 Gastroenteritis outbreaks

- 3 outbreaks of GASTROENTERITIS associated with Nursing Homes
- 1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility

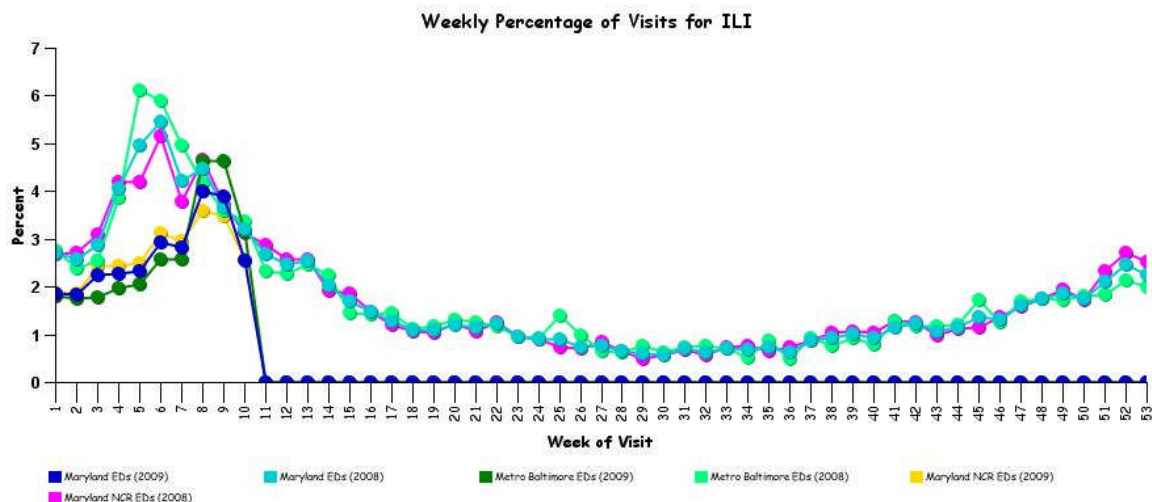
1 Rash illness outbreak

- 1 outbreak of CHICKENPOX associated with a School

MARYLAND SEASONAL FLU STATUS: Influenza activity in Maryland for Week 09 is REGIONAL. During week 09, 878 confirmed cases of influenza were reported to DHMH.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmm.state.md.us/flu.htm>

WHO update: As of March 02, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 409, of which 256 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA, HUMAN (Egypt): 06 Mar 2009, Egyptian Chief of Health Affairs department in Cairo Dr. Naibal Abdul-Qader denied on Friday 06 Mar 2009 reports of emergence of 2 cases of bird flu in the Egyptian capital, excluding one case of a child who tested positive in Faiyum province. Abdul-Qader said in a press release that all suspected cases of the disease were in 2 hospitals, adding that laboratory results proved that the 2 cases were tested negative, contradicting rumors that the samples of those 2 cases were positive. The only exception was of a 2-year old child from Faiyum province, who was under treatment in hospital, the statement added. The 2-year old was reported to have contracted the bird flu virus after coming into contact with dead birds. Infection with H5N1 avian influenza was confirmed by the Egyptian Central Public Health Laboratory on 01 Mar 2009.

AVIAN INFLUENZA, LPNAI H7N6 (Japan): 06 Mar 2009, The avian flu found in quails in Aichi has been identified as the H7N6 strain, the 1st outbreak of the strain in Japan, local authorities said. The National Institute of Animal Health in Tsukuba, Ibaraki Prefecture, identified the virus found in 2 quails at a farm in Toyohashi, Aichi Prefecture, as the H7N6 strain. The institute will conduct investigations on the samples, officials said. According to the Ministry of Agriculture, Forestry and Fisheries, the first H7N6 infection was reported in 1981 in Australia in chickens, then in migratory ducks in Mongolia between 2004 and 2007, and in waterfowl in Slovakia in 2006. However, no human infections have been reported to date. The quail farm in Toyohashi decided to kill about 259,000 quails it was breeding and had put to death roughly 61,200 of them as of Sunday 01 Mar 2009.

AVIAN INFLUENZA, LPAI, H6N1 (United Kingdom): 05 Mar 2009, Further laboratory tests have now confirmed that the H6N1 avian influenza virus present at 2 poultry premises in East Anglia is of low pathogenicity. This means that the routine restrictions put in place while the investigations were ongoing are no longer required and have now been lifted, as the presence of a statutory notifiable disease has been ruled out. The H6 serotype of avian influenza virus has been found in wild birds in Europe as well as in poultry in previous years. However, to date, H6 has not been found to be highly pathogenic. It is important that poultry keepers remain vigilant by looking for any signs of disease in their birds. Any concerns should be reported immediately to their local vet or reported to the Animal Health Agency so that statutory notifiable disease can be ruled out promptly.

AVIAN INFLUENZA, HUMAN, SUSPECTED (Indonesia): 04 Mar 2009, A government official says 4 Indonesians have died of bird flu, bringing the death toll in the country hardest hit by the disease to 119. Bayu Krisnamurthi, chief of the National Bird Flu Commission, said on Tuesday 3 Mar 2009 the victims died in January and February and were all believed to have been infected by sick chickens. Krisnamurthi would only say of the latest deaths that 2 were brothers from Bogor and that the others died in Surabaya and Bekasi, all cities on Java Island.

AVIAN INFLUENZA, HUMAN (Viet Nam): 02 Mar 2009, The Ministry of Health in Viet Nam has announced the death of a previously confirmed case of H5N1 infection. The 32-year-old male from Kim Son district, Ninh Binh Province died on 25 Feb 2009. Of the 109 cases confirmed to date in Viet Nam, 54 have been fatal.

NATIONAL DISEASE REPORTS:

SALMONELLOSIS, SEROTYPE SAINTPAUL, SPROUTS RECALL (Multi State): 06 Mar 2009, SunSprout Enterprises, Inc., Omaha, Nebraska, is initiating a voluntary recall of Alfalfa Sprouts, Onion Sprouts, and Gourmet Sprouts based on communications it has had with Nebraska State officials regarding several cases of Salmonella Saintpaul reported in Nebraska and Iowa. The sprouts were distributed to food distributors located in Iowa and Nebraska who further sell the product to restaurants and retail stores. Distribution was also made directly to one retail store in Nebraska. The sprouts are sold refrigerated under the SunSprouts label in 4-oz. clear plastic clamshell containers that have the following "Best If Sold By" dates in the upper right-hand corner on each container, which may be expressed in 2 different styles: 30209 or MAR 02 2009, 30409 or MAR 04 2009, 30709 or MAR 07 2009, 30909 or MAR 09 2009, 31109 or MAR 11 2009, and 31409 or MAR 14 2009. The lot numbers, which are printed only on the shipping case, include: 3102, 3202, 3302, 4102, 4202, and 4302. The bar code for the retail packages of Alfalfa Sprouts is 815098001088; the bar code for the Onion Sprouts is 815098002054; and the bar code for the Gourmet Sprouts is 817180000153. The Alfalfa Sprouts are also packaged in bulk 2.5-lb. and 5-lb. cases for use in restaurants. The Onion

Sprouts and Gourmet Sprouts are not packaged in bulk form. Although neither CW Sprouts nor the Nebraska state officials have any product laboratory test data linking the sprouts to the illnesses or to the microorganism, the recall is being conducted as a precautionary measure. State officials continue to review all available data and information to determine whether sprouts are reliably implicated in the recent reported cases of S. Saintpaul. As of 06 Mar 2009, the Iowa Department of Public Health said 15 Iowans had confirmed or suspected infections from the bacterium. According to the Nebraska Department of Health and Human Services, there are approximately 14 lab-confirmed cases, with 4 considered probable ones and an additional 8 to 10 suspect cases identified on the basis of reported symptoms. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

UNDIAGNOSED GASTROENTERITIS, GOURMET RESTAURANT (United Kingdom): 07 Mar 2009, The number of people who have reported feeling ill after eating at Berkshire's Michelin-starred restaurant "The Fat Duck" has risen to 400. Celebrity chef Heston Blumenthal closed his restaurant in Bray more than a week ago after 40 customers fell ill. Mr Blumenthal said tests had ruled out food poisoning. In a statement the Health Protection Agency (HPA) said cases reported to the restaurant had risen since media coverage of the outbreak. The HPA's Thames Valley Health Protection Unit is working with the Royal Borough of Windsor and Maidenhead's environmental health department to investigate the outbreak of vomiting and diarrhea. The restaurant remained shut on Fri 06 Mar 2009. Dr Graham Bickler, regional director of the HPA south east region, said: "This is a very complex outbreak. We are working closely... to explain what happened and to ensure that the risks of it happening again are reduced as much as possible." Samples have been taken from foodstuffs, people who have reported feeling ill, and staff and work surfaces in the search for the cause of the illness. The chef said the entire menu had been tested and all results had proved negative. Final tests are being carried out to see if an airborne virus caused the sickness. Diners at "The Fat Duck", 1 of only 3 restaurants in the UK with 3 Michelin stars, can experience dishes such as snail porridge or scrambled-egg-and-bacon ice cream. Opened in 1995, "The Fat Duck" was voted "the best place to eat on Earth" by "Restaurant" magazine in 2005. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS, SEROTYPE TYPHIMURIUM U292, PORK (Denmark): 06 Mar 2009, Since October 2008, Denmark has suffered 2 big outbreaks of salmonellosis from Danish sausages. 4 people have died as a result of eating "medister" sausage, and at least 79 have been hospitalized with stomach infections, according to the national disease control center Statens Serum Institut. Investigators have traced the deadly bacteria to 2 pork slaughterhouses in Jutland and Zealand. However, Dr Kare Molbak of the Statens Serum Institut says they can't be absolutely sure the salmonella originated only in those 2 spots. The problem could be more widespread in the nation's pork industry. In a statement reported by the Copenhagen Post, Molbak confirmed: "There are grounds for concern and this time we are in no doubt that the salmonella comes from Danish pork." But the deputy director of the Danish Meat Association, Erik Bisgaard Madsen, insists that he's "99 per cent certain" that the salmonella outbreak did not originate from one of his association's members. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (Argentina): 05 Mar 2009, An outbreak of bovine anthrax was noted on 28 Feb 2009 in a cattle ranch in the Partido municipality of Benito Juarez in the province of Buenos Aires. The herd consists of 150 Aberdeen Angus cattle, none of which had been vaccinated. 3 head died suddenly and Bacillus anthracis was isolated from a metatarsal [bone marrow]. No farm hands were involved in handling the carcass. The rainfall in the central region of the province has been the lowest in the past 47 years. The lack of rain and high temperatures appear to have reduced the number of anthrax outbreaks in the summer of 2008-2009. The months of January-February 2009 were climatically identical [hot & dry] and the cattle are thin and generally in very poor condition. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

LASSA FEVER (Nigeria): 05 Mar 2009, Health Minister Babatunde Osotimehin said Lassa fever had caused 12 cases with 5 deaths within 2 weeks. He said: "Much more worrisome is the danger that the outbreak poses to health workers. So far, 4 health staff working in the National Hospital, Abuja who were taking care of one of the Lassa fever cases have also fallen ill and the laboratory investigations have confirmed they are infected with Lassa fever virus. "Within the last 2 weeks, we have recorded 13 cases with 6 deaths (CFR of 42 percent). 4 health staff working in the National Hospital, Abuja, who were taking care of one of the Lassa fever cases have also fallen ill and laboratory investigations have confirmed they are infected with the Lassa virus." The minister has therefore directed that Ribavirin, a specific antiviral drug for Lassa fever, be given to Federal Capital Territory (FCT) Health Department and health facilities in FCT and its environs for prompt and adequate treatment of cases and contacts. He also advised that people should avoid having contact with rats by putting food in rat-proof containers, keeping their homes clean to discourage rats from entering, and setting traps in and around homes to help reduce rat population, among others. "The Federal Ministry of Health is striving to create awareness and give appropriate information to prevent the spread of the disease. The ministry wants the general public and parents in particular to know the symptoms," he said. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents)* Non-suspect case

ANTHRAX, HUMAN, BOVINE, SUSPECTED (Kenya): 03 Mar 2009, A schoolboy died and 3 family members were admitted to hospital after eating meat from a cow suspected to have died of anthrax. The death of the Standard Two pupil at Njoro Primary School, has led to panic among residents. Bomani Chief Katsungi Mngwana appealed to residents of Njoro village who may have eaten the meat to go to hospital for treatment. He said: "Family members were earlier advised by veterinary officials to bury the carcass, but defied the orders and instead ate and sold the meat to the

unsuspecting residents." Mr Mngwana said one of the victims had been taken to Tanzania for treatment. Taveta medical officer of Health Henry Ng'eno said 3 other people who ate the meat are in hospital. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CRYPTOSPORIDIOSIS (Australia): 01 Mar 2009, An outbreak of cryptosporidiosis in Australia could soar into the thousands, with almost 250 cases already confirmed. Fearing an outbreak of the nasty gastro bug, which 10 years ago left more than 1000 people ill after swimming, health officials on 27 Feb 2009 warned the public to be cautious. At least 19 pools have been ordered to super-chlorinate their water after infected people identified they became sick after swimming. The germ spreads with such ferocity, especially in summer and in pools, that 44 cases alone have been identified in the past day. NSW Health's director of communicable diseases Dr Jeremy McNulty said anyone who had diarrhea in the past fortnight needed to stay out of pools. "While there is no common link among most cases, some have reported swimming in common pools," he said. "Pools can be easily contaminated by infectious swimmers, and so it is vital that people take care." NSW Health said there was no evidence these pools were the cause of any infection. Most of the affected pools are from western Sydney. NSW Health is refusing to name them individually, fearing it will lay blame and cause further panic. All pools associated with the bug have been tested, but no evidence of contamination has been found. Cryptosporidiosis is a diarrheal disease caused by a parasitic infection of the intestine. It surges in summer, usually because people are outdoors drinking contaminated water and playing with animals. Children are most susceptible with half of the confirmed cases under 5. There is no treatment for the infection. Symptoms include diarrhea, stomach cramps, fever, nausea and vomiting, which can last weeks and sometimes even months. Some persons do not present any symptoms. If symptoms are present, they often last about 2 weeks, and then you may feel better. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmh.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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